As a useful *résumé* of our knowledge of the nature, causes, and treatment of a most troublesome affection, we recommend this work to the favourable notice of our readers. J. A. M.

ART. XXII.—*On the Parasitic Affections of the Skin.* By T. McCALL ANDERSON, M. D., Fellow of the Faculty of Physicians and Surgeons, Physician to the Dispensary for Skin Diseases, Physician to the Deaf and Dumb Institution, Glasgow, etc. London, John Churchill, 1861. 8vo. pp. 146.

THIS is a very useful practical monograph. In this country, quite as much as in Great Britain, cutaneous affections are, as subjects of accurate study, comparatively neglected. In France and Germany it is otherwise. There large special hospitals afford opportunities, such as ought to exist in every country, for the close investigation of these important maladies.

Dr. Anderson opens his book with a brief defence of, or argument for, special hospitals.

"Who can glance, were it but for a moment, at the progress in the different branches of medicine which has been exhibited during the last few years. without acknowledging that it is to the special study of particular complaints that this progress is to be attributed. And is it not a curious thing that, while hundreds of practitioners call out loudly against specialities, the majority make exceptions in favour of one or two classes of disease, which, according to them, fall to be appropriately treated in special institutions.

"This was very well illustrated a few months ago when a meeting of the metropolitan counties branch of the British Medical Association was called for the purpose of considering the subject of special hospitals. The gentlemen whom I am about to mention all condemned special institutions.

"Dr. A. P. Stewart, however, had no objection to the establishment of hospitals for consumption. Mr. Henry Thomson agreed as to the usefulness of hospitals for diseases of children and for mental diseases. Dr. Seaton thought that hospitals for the treatment of epilepsy were necessary. While Mr. Webber did not know that there was any great objection to hospitals for deformities—for skin diseases—for diseases of the eye and of the chest.

"So that these gentlemen, while stating themselves adverse to the establishment of special institutions, made exceptions in favour of hospitals for consumption, diseases of children, mental diseases, deformities, skin diseases, eye diseases, chest diseases, and epilepsy."

The parasitic diseases of the skin are enumerated by Dr. Anderson, as—

A. Cutaneous affections due to the presence of a *vegetable* parasite, viz: I. Favus. II. Tinea Tonsurans, of which there are three varieties: 1. Herpes Circinatus; 2. Sycosis; 3. Herpes Tonsurans. III. Alopecia Areata. IV. Pityriasis Versicolor.

B. Cutaneous affections due to the presence of an *animal* parasite: I. Phthiriasis. II. Scabies.

In regard to the four above-named affections, in which the parasite is a vegetable organism, Dr. Anderson alludes, without approval, to the opinion of Hebra, that they are all produced by one and the same fungous growth, varying in apparent characters according to its stage of development and the particular structure of the skin attacked.

The second, third, and fourth chapters are occupied with *favus*. Our author's view is very positive in regard to the actual dependence of this, as well as the other parasitic diseases, upon the presence of the parasite. He asserts that the opinion held by many that the cutaneous disease is owing to deranged nutrition, the parasitic growth being a secondary concomitant or result, is "altogether untenable in the present state of our knowledge." As to favus, he says—

"The discoveries of the microscope, the results of the inoculation of the parasite on man as well as on the lower animals and plants, the contagious nature of the disease, and the astonishing and never-failing success of the treatment, form an ample refutation to the idea of its being a constitutional disease. There can be no doubt that as the advances which have been made in our knowledge of this subject, thanks to the discoveries of our continental brethren, become more and more widely disseminated, favus will come to be looked upon as a comparatively trifling disease, and instances will cease to be met with of poor creatures frequenting our dispensaries, their scalps covered with crusts or changed into parchment-like structures, and their heads denuded of hair, objects of disgust to themselves and of loathing to those around them."

Favus is then described, fully, as it attacks the orifices of the hair-follicles, the epidermis, and the nails. Of the first of these forms (*favus pilaris*), Dr. Anderson considers favus *lupinosa*, *scutulata*, and *squarrosa*, to be only different degrees or stages; the first being the earliest and most distinct, the last the most confluent. The favus *cup* is said *always* to develop itself in the orifice of a hair-follicle. Bazin declares that he discovered a rudimentary hair connected with such a cup even on the glans penis.

Favus of the epidermis is much rarer than that of the hair, and is almost invariably found to be conjoined with the latter. Instead of the cups, somewhat variable scaly-like crusts form, scattered upon a slightly reddened epiderm; the crusts being white, marked by yellow patches, in which the favus matter is detected in abundance.

Favus *unguium* is rare, and also secondary. The spores germinate beneath the nail, which becomes thickened, and gradually more and more yellow as the favus matter shines through.

The *inoculability* of the disease is held by our author to prove the dependence of favus directly upon the parasitic *achorion*. Bennett, Hebra, Remak, Vogel, Bazin, Gruby, and Deffis, have caused the transference of the affection from one person to another. The average time of incubation appears to be about forty days. Draper, of New York, communicated the account of a curious case to Bazin, in which favus was first transmitted from a mouse to a cat, and then from the latter to two infants. Instances of the ready contagion of this disease are often met with in the St. Louis Hospital, and other large hospitals, for skin diseases.

While dirtiness is the most potent predisposing cause, and the application of the *achorion Schönleini* the only exciting cause of favus, it appears to us to be going beyond his own intended meaning for our author to speak of dirt as the *sole* predisposing cause (p. 27). The whole tenor of the book, however, is consistent in depreciating the importance of constitutional causes or conditions in connection with parasitic diseases of the skin; and, consequently, in making a low estimate of the value of constitutional treatment. Dr. Anderson admits that a general disease, typhoid fever, for example, has a manifest influence upon the favus affection. He also grants that "some medicines, by changing the qualities of the blood, may act as poisons to the parasite, or, to use a milder expression, may change the nature of the soil which had previously been favourable to its germination." He affirms, however, that clinical examples of this are rare.

The basis of his treatment, then, is local and *paraciticidal*. The necessity of first *removing* the *hairs* of the part affected is strongly urged. Shaving the head will not suffice. Extraction is difficult on account of the brittleness of the hairs. Of the three modes mentioned, by the fingers, by forceps, and by the *calotte*, that by forceps is recommended. In the St. Louis Hospital *épileurs* are employed whose whole duty consists in extracting the hairs of patients affected with parasitic diseases. The *calotte* is a barbarous appliance, although still considerably used in France. It consists of a horrible compound of rye meal, carbonate of copper, pitch, rosin, and antimonial ethiops, made into a plaster, which is laid in strips upon the head; this in a few days being dragged forcibly off. Even death has sometimes followed this scalping process. Yet it is adopted by Baumés, of Lyons, and by the Sisters of Charity at Toulouse, to whom alone, by law, the whole care of children suffering with favus is confided. In Paris, too, a similar plan is employed by the Frères Mahon, who, although notorious quacks, are still retained upon the medical staff of the hospital of St. Louis.

Immediately upon the removal of the hair parasiticide applications are to be made. Bichloride of mercury (two grains to the ounce of water, with a little alcohol) is generally preferred. Sulphur, turpeth mineral, and oil of cade, are also efficient in the form of ointment. Oil of cade is not, that we are aware of, used in this country; it is a tarry preparation made either from the common juniper or the juniperus excedrus, and is most resorted to in France.

Chapters V., VI., and VII., are devoted to Tinea Tonsurans. Dr. Anderson's classification includes, under this head, three affections: herpes circinatus, herpes tonsurans, and sycosis. All of these, he avers, are due to the presence of the same parasite, the *tricophyton*. The authority of Robin, Bazin, and Hardy, is referred to upon this point; while our author has confirmed clinically the declaration first made by Bazin, that these three affections are often met in connection with one another, and that one variety is capable of giving rise to another by contagion.

The *tricophyton* (of which, as of the other cutaneous parasites, a good woodcut illustrates the description) is stated to consist of an enormous number of oval spores, about 1-7000th of an inch in diameter, and a small proportion of minute tubes. In mass, the parasitic matter is of a pure white colour and powdery aspect, known from epidermic scales by the latter being yellowish or grayish, and much less in the form of powder.

The symptomatology of the three affections is described as being as nearly identical as difference of site will allow. In all—

"The first stage is chiefly characterized by the remarkably circular form of the eruptions, and by the alteration of the hairs; the second, by the change of the colour of the skin of the affected parts, and by the presence of the white powdery fungus on the epidermis and on the broken hairs; and the third, by the inflammation and suppuration of the hair-follicles and surrounding tissues, and, in consequence, by the disappearance of the fungus, alopecia (or the formation of hairs very much altered or diseased), and secondary eruptions. These three stages are, however, not met with in all the varieties equally."

Dr. Anderson repudiates, therefore, the opinion of Hebra, and many others, that there is a non-parasitic herpes circinatus. He believes, also, that herpes iris is a mere variation of the *tricophyton* disease. He names *erythema circinatum* and *erythema iris* as distinct from the parasitic affection—the difference being chiefly made certain by the microscope. In the diagnosis, however, he considers the elevation of the red circles and the furfuraceous desquamation, in herpes circinatus, to be important.

Sycosis is made out and distinguished from impetigo by the following diagnostic signs:—

"The erythematous spots and circles among the hairs, the rings of herpes circinatus on the neck, wrist, and other parts, and the raspberry-looking tubercles, give unmistakable evidence of the affection when these symptoms are present; while the alteration of the hairs, the patches of alopecia, and the discovery of the parasite with the microscope, render the picture complete."

The subsequent alteration of the parasite through the influence of suppuration may explain the error of Gruby in describing another vegetation (microsporon mentagrophytes) as the cause of sycosis, as well as that of Hebra, who looks upon the parasite as not essential but secondary or accidental to the disease.

The diagnosis of herpes tonsurans is especially easy in the second stage, when the hairs are broken off close to the skin and are covered by the grayish-white parasitic dust. The hairs are often very much thickened and their ends ragged when broken.

The *contagiousness* of these three forms of tinea follows, of course, as a corollary upon the proof of their parasitic nature; and, as Dr. Anderson asserts, it has also been clinically established.

In treatment, the parasiticidal plan recommended for favus is applicable equally to tinea, although depilation is less universally required. Our author has very little confidence in the curative power of arsenic or cod-liver oil in any of the parasitic affections.

Alopecia areata, dealt with in Chapter VIII., may be defined as consisting of patches of baldness from atrophy of the hair bulbs; this atrophy being due to the presence of the *microsporon Audouini.* Startin, Hutchinson, and Jenner, admit the atrophy, but deny the importance of the fungus. The contagiousness of alopecia areata is very positively denied by some authorities. Dr. Anderson thinks he has seen evidences of it.

Pityriasis versicolor is treated of in Chapter IX. It is a pity that the term *chloasma* has not been universally adopted for this affection (characterized by patches of discoloration owing to the grape-cluster-like *microsporon furfur*), to distinguish it from pityriasis proper. We regret, also, that, as Dr. Anderson has chosen to use a term so nearly identical with the same for *morbus pediculosus*, he did not give it the equally correct spelling: phtheiriasis, instead of phthiriasis. In sympathy for our juniors, at least, we must protest against any *unnecessary* complication or obscurity in the nomenclature of skin diseases, already difficult enough.

Plica polonica is not recognized by our author as a special disease. Like Hebra, he believes it to be nothing more than a dirty skin, upon which the hair is matted from neglect; this affording conditions for the detention of spores of fungi floating through the air. We should depend more positively upon this opinion if it were, like most of those in this book, supported by the author's own immediate observations.

The last three chapters of the volume contain a full and interesting account of scabies. In regard to its symptomatology he objects with emphasis to the erroneous account given in popular works of the ordinary scabious eruption; which, instead of being most frequently *vesicular*, as it is described, is much more often papular or pruriginous, or even ecthymatous; although, as it depends chiefly upon scratching, it may assume almost any character.

In the treatment of scabies, Hardy's plan, by which the disease may be eradicated in a single day, is considered by the author as rather inconvenient or undesirable in private practice. It consists in rubbing the patient all over for half an hour with black soap, after which he is kept the same length of time in a warm-bath, and then anointed with a modification of the pomade of Helmerich, as follows: ℞—Subcarbonatis potassæ, ʒj; sulphuris, ʒij; axungiæ, ʒxij. The course is ended by a second warm bath the next day to remove the ointment.

Vleminckz, of Belgium, recommends a milder preparation, viz.: ℞—Calcis, ℥ss; sulphuris, ℥j; aquæ, ℥viij. This is boiled, stirred, and passed through a sieve before using.

A page upon the *acarus folliculorum*, containing a denial of the importance of this parasite in the production of acne, terminates Dr. Anderson's book, with which we think all readers interested in its subject will be pleased, even if they do not accept all his conclusions. H. H.

ART. XXIII.—*Epileptic and other Convulsive Affections of the Nervous System; their Pathology and Treatment.* By CHARLES BLAND RADCLIFFE, M. D., etc. etc. Third edition. London, 1861. 12mo. pp. 312.

THE first two editions of the work of Dr. Radcliffe were very fully noticed by us at the time of their appearance respectively. In the one before us the entire treatise has been, in the words of the author, "so re-written and re-cast," as to make it, to a very great extent, "a new book rather than a new edition." In it Dr. R. has incorporated the Gulstonian Lectures, delivered by him at the Royal College of Physicians, in the spring of 1860; the theme of which, together with all the author's additional thought and experience of the last three years, is directed to the enforcement and illustration of the views promulgated by him in reference to the physiology of muscular action, and the pathology thence deduced of the convulsive affections generally, from the simplest tremor to the most violent epileptic seizure.

Our readers are aware that, according to Dr. R., relaxation or elongation is the active state of the muscles, while contraction or shortening is their passive condition. He believes that there is a condition of polarity in the living muscle